

For Commission Use Only

Date Submitted to Board of County Commissioners: October 20, 2016

Reference #: 15-146A

Request: Avera Heart - 8/22 thru 8/25/2016

Amount: \$ 42,519.69

Recommendation of County Assistance Officer: Approved - Medicaid Rates - \$10,744.79

Reference #: 16-069

Request: Brookings Health System - 1/1 thru 1/2/2016

Amount: \$ 19,795.12

Recommendation of County Assistance Officer: Approved - Ratio to Cost - \$5,052.01

Reference #: 16-145

Request: Avera Heart - 3/09/2016

Amount: \$ 24,828.30

Recommendation of County Assistance Officer: Deny - Failure to comply with application process.
Certified Letter sent - 8/25/2016 - No response

Reference #: 16-149

Request: Brookings Health Systems - 4/18/2016

Amount: \$ 18,757.40

Recommendation of County Assistance Officer: Deny - Failure to comply with application process.
Certified Letter sent - 8/25/2016 - No response

Reference #: 16-162

Request: City of Aurora

Amount: \$ 514.03

Recommendation of County Assistance Officer: Approved - \$400.00 from County for Past due amount.
\$114.03 from My Neighbor

Reference #: 16-163

Request: Brookings Municipal Utilities

Amount: \$ 400.39

Recommendation of County Assistance Officer: Approved - Disconnect Amount of -\$400.39

Reference #: 16-164

Request: Rent

Amount: \$ 485.00

Recommendation of County Assistance Officer: Approved - One month past due rent -\$485.00
When rent slip returned.

Reference #: 16-165

Request: Rent

Amount: \$ 665.00

Recommendation of County Assistance Officer: Approved - One month partial payment of rent - \$650.00

Reference #: 16-166

Request: Brookings Municipal Utilities

Amount: \$ 146.19

Recommendation of County Assistance Officer: Approved - Disconnect Amount of \$146.19

Reference #: 16-168

Request: Rent

Amount: \$ 750.00

Recommendation of County Assistance Officer: Approved - Partial payment of one month rent - \$650.00.
When rent slip returned.